

STATE OF ILLINOIS

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Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre# 0035014 Report Period Beginning: 1/01/2001 Ending: 12/31/2001

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed bedsN/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>151</u>	Skilled (SNF)	<u>151</u>	<u>55,115</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>151</u>	Intermediate (ICF)	<u>151</u>	<u>55,115</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>302</u>	TOTALS	<u>302</u>	<u>110,230</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>36,713</u>	<u>3,283</u>	<u>4,739</u>	<u>44,735</u>	8
9	SNF/PED					9
10	ICF	<u>48,096</u>	<u>1,625</u>	<u>19</u>	<u>49,740</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>84,809</u>	<u>4,908</u>	<u>4,758</u>	<u>94,475</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 85.71%

D. How many bed-hold days during this year were paid by Public Aid?

0 (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)None

F. Does the facility maintain a daily midnight census?

YesG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?YES ☒NO ☐

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐NO ☒

I. On what date did you start providing long term care at this location?

Date started 3/01/89

J. Was the facility purchased or leased after January 1, 1978?

YES ☒Date 3/01/89NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒NO ☐

If YES, enter number

of beds certified 31and days of care provided 3,985Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL ☒

MODIFIED

CASH* ☐CASH* ☐

Is your fiscal year identical to your tax year?

YES ☒NO ☐Tax Year: 12/31/01 Fiscal Year: 12/31/01

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

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Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Center # 0035014 Report Period Beginning: 1/01/2001 Ending: 12/31/2001

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclassification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	334,942	93,633	20,731	449,306		449,306		449,306		1
2	Food Purchase		667,151		667,151	(31,979)	635,172	(23,146)	612,026		2
3	Housekeeping	227,218	77,513		304,731		304,731		304,731		3
4	Laundry	104,123	10,985	27,292	142,400		142,400		142,400		4
5	Heat and Other Utilities			219,498	219,498		219,498	8,601	228,099		5
6	Maintenance	87,837	41,767	86,447	216,051		216,051	49,924	265,975		6
7	Other (specify):*										7
8	TOTAL General Services	754,120	891,049	353,968	1,999,137	(31,979)	1,967,158	35,379	2,002,537		8
	B. Health Care and Programs										
9	Medical Director			35,800	35,800		35,800		35,800		9
10	Nursing and Medical Records	3,460,389	440,131	205,716	4,106,236	(20,809)	4,085,427	(122,025)	3,963,402		10
10a	Therapy	32,557	1,555	352,804	386,916		386,916	(112,379)	274,537		10a
11	Activities	137,825	7,339	2,490	147,654		147,654		147,654		11
12	Social Services	97,381		6,665	104,046		104,046		104,046		12
13	Nurse Aide Training										13
14	Program Transportation			1,210	1,210		1,210		1,210		14
15	Other (specify):* Religious Consultant			640	640		640		640		15
16	TOTAL Health Care and Programs	3,728,152	449,025	605,325	4,782,502	(20,809)	4,761,693	(234,404)	4,527,289		16
	C. General Administration										
17	Administrative	185,278		1,448,876	1,634,154		1,634,154	(1,448,876)	185,278		17
18	Directors Fees										18
19	Professional Services			74,739	74,739		74,739	16,546	91,285		19
20	Dues, Fees, Subscriptions & Promotions			35,500	35,500		35,500	1,316	36,816		20
21	Clerical & General Office Expenses	438,608	42,692	32,413	513,713		513,713	73,245	586,958		21
22	Employee Benefits & Payroll Taxes			648,166	648,166	31,979	680,145	101,569	781,714		22
23	Inservice Training & Education			1,340	1,340		1,340	587	1,927		23
24	Travel and Seminar							1,450	1,450		24
25	Other Admin. Staff Transportation			5,025	5,025		5,025	2,431	7,456		25
26	Insurance-Prop.Liab.Malpractice			187,605	187,605		187,605	3,213	190,818		26
27	Other (specify):*										27
28	TOTAL General Administration	623,886	42,692	2,433,664	3,100,242	31,979	3,132,221	(1,248,519)	1,883,702		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,106,158	1,382,766	3,392,957	9,881,881	(20,809)	9,861,072	(1,447,544)	8,413,528		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			127,627	127,627		127,627	223,232	350,859			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							355,720	355,720			32
33	Real Estate Taxes							464,676	464,676			33
34	Rent-Facility & Grounds			2,438,347	2,438,347		2,438,347	(2,438,347)				34
35	Rent-Equipment & Vehicles			7,916	7,916		7,916	10,538	18,454			35
36	Other (specify):*											36
37	TOTAL Ownership			2,573,890	2,573,890		2,573,890	(1,384,181)	1,189,709			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		96,927	6,702	103,629	21,184	124,813		124,813			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			165,348	165,348		165,348		165,348			42
43	Other (specify):* Non-Allowable			46,303	46,303	(375)	45,928	(45,928)				43
44	TOTAL Special Cost Centers		96,927	218,353	315,280	20,809	336,089	(45,928)	290,161			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,106,158	1,479,693	6,185,200	12,771,051		12,771,051	(2,877,653)	9,893,398			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre# 0035014

Report Period Beginning:

1/01/2001

Ending:

12/31/2001

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	1	2	3	
	Amount	Refer-	OHF USE	
NON-ALLOWABLE EXPENSES		ence	ONLY	
1 Day Care	\$		\$	1
2 Other Care for Outpatients				2
3 Governmental Sponsored Special Programs				3
4 Non-Patient Meals				4
5 Telephone, TV & Radio in Resident Rooms				5
6 Rented Facility Space				6
7 Sale of Supplies to Non-Patients				7
8 Laundry for Non-Patients				8
9 Non-Straightline Depreciation				9
10 Interest and Other Investment Income	(86,740)	32		10
11 Discounts, Allowances, Rebates & Refunds				11
12 Non-Working Officer's or Owner's Salary				12
13 Sales Tax	(1,035)	43		13
14 Non-Care Related Interest				14
15 Non-Care Related Owner's Transactions				15
16 Personal Expenses (Including Transportation)				16
17 Non-Care Related Fees				17
18 Fines and Penalties				18
19 Entertainment	(140)	43		19
20 Contributions	(6,000)	43		20
21 Owner or Key-Man Insurance				21
22 Special Legal Fees & Legal Retainers				22
23 Malpractice Insurance for Individuals				23
24 Bad Debt	(15,000)	43		24
25 Fund Raising, Advertising and Promotional	(20,156)	43		25
26 Income Taxes and Illinois Personal Property Replacement Tax	(3,500)	43		26
27 Nurse Aide Training for Non-Employees				27
28 Yellow Page Advertising	(3,180)	43		28
29 Other-Attach Schedule See Attached Schedule F	(120,229)			29
30 SUBTOTAL (A): (Sum of lines 1-29)	\$ (255,980)		\$	30

OHF USE ONLY						
48		49		50		51
						52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

	1	2	
	Amount	Reference	
31 Non-Paid Workers-Attach Schedule*	\$		31
32 Donated Goods-Attach Schedule*			32
33 Amortization of Organization & Pre-Operating Expense			33
34 Adjustments for Related Organization Costs (Schedule VII)	(2,621,673)		34
35 Other- Attach Schedule			35
36 SUBTOTAL (B): (sum of lines 31-35)	\$ (2,621,673)		36
(sum of SUBTOTALS			
37 TOTAL ADJUSTMENTS (A) and (B))	\$ (2,877,653)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.

	1	2	3	4	
	Yes	No	Amount	Reference	
38 Medically Necessary Transport.		X	\$		38
39					39
40 Gift and Coffee Shops		X			40
41 Barber and Beauty Shops		X			41
42 Laboratory and Radiology		X			42
43 Prescription Drugs		X			43
44 Exceptional Care Program	X		21,184	Ln10,C03	44
45 Other-Attach Schedule		X		Ln43,C03	45
46 Other-Attach Schedule		X			46
47 TOTAL (C): (sum of lines 38-46)			\$ 21,184		47

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS
Glen Bridge Nursing & Rehabilitation Centre

Page 5A

ID# 0035014
Report Period Beginning: 1/01/2001
Ending: 12/31/2001

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Patient clothing	\$ (417)	43	1
2	Defer 2001 painting and decorating	(4,264)	6	2
3	Amortization of current year deferred maintenance	43,421	6	3
4	Non-allowable professional fees	(13,798)	19	4
5	Adjust mgt co. med supplies - med"A" to cost	(70,598)	10	5
6	Adjust mgt co. med supplies - "other" to cost	(51,427)	10	6
7	Adjust mgt co. food to cost	(23,146)	2	7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(120,229)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre# 0035014

Report Period Beginning:

1/01/2001

Ending:

12/31/2001

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(23,146)	0	0	0	0	0	0	0	0	0	0	(23,146)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	8,601	0	0	0	0	0	0	0	0	8,601	5
6	Maintenance	39,157	0	10,767	0	0	0	0	0	0	0	0	49,924	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	16,011	0	19,368	0	0	0	0	0	0	0	0	35,379	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(122,025)	0	0	0	0	0	0	0	0	0	0	(122,025)	10
10a	Therapy	0	0	0	0	0	(112,379)	0	0	0	0	0	(112,379)	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(122,025)	0	0	0	0	(112,379)	0	0	0	0	0	(234,404)	16
	C. General Administration													
17	Administrative	0	0	(386,396)	(1,062,480)	0	0	0	0	0	0	0	(1,448,876)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(13,798)	0	30,344	0	0	0	0	0	0	0	0	16,546	19
20	Fees, Subscriptions & Promotions	0	0	1,316	0	0	0	0	0	0	0	0	1,316	20
21	Clerical & General Office Expenses	0	0	45,273	0	626	27,346	0	0	0	0	0	73,245	21
22	Employee Benefits & Payroll Taxes	0	0	66,314	0	0	35,255	0	0	0	0	0	101,569	22
23	Inservice Training & Education	0	0	587	0	0	0	0	0	0	0	0	587	23
24	Travel and Seminar	0	0	1,450	0	0	0	0	0	0	0	0	1,450	24
25	Other Admin. Staff Transportation	0	0	2,431	0	0	0	0	0	0	0	0	2,431	25
26	Insurance-Prop.Liab.Malpractice	0	0	3,213	0	0	0	0	0	0	0	0	3,213	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(13,798)	0	(235,468)	(1,062,480)	626	62,601	0	0	0	0	0	(1,248,519)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(119,812)	0	(216,100)	(1,062,480)	626	(49,778)	0	0	0	0	0	(1,447,544)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre# 0035014

Report Period Beginning:

1/01/2001

Ending:

12/31/2001

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	0	0	29,699	0	193,533	0	0	0	0	0	0	223,232	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(86,740)	0	37,630	0	407,845	(3,015)	0	0	0	0	0	355,720	32
33	Real Estate Taxes	0	0	10,469	0	454,207	0	0	0	0	0	0	464,676	33
34	Rent-Facility & Grounds	0	0	0	0	(2,438,347)	0	0	0	0	0	0	(2,438,347)	34
35	Rent-Equipment & Vehicles	0	0	10,538	0	0	0	0	0	0	0	0	10,538	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(86,740)	0	88,336	0	(1,382,762)	(3,015)	0	0	0	0	0	(1,384,181)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(49,428)	0	0	0	3,500	0	0	0	0	0	0	(45,928)	43
44	TOTAL Special Cost Centers	(49,428)	0	0	0	3,500	0	0	0	0	0	0	(45,928)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(255,980)	0	(127,764)	(1,062,480)	(1,378,636)	(52,793)	0	0	0	0	0	(2,877,653)	45

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre # 0035014 Report Period Beginning: 1/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Sidney Glenner	80.00 %	GlenCrest Nursing & Rehabilitation Centre,Ltd	Chicago	SEE ATTACHED SCHEDULE A		
Barry Ray	20.00 %	Glen Elston Nursing & Rehabilitation Centre,Ltd	Chicago			
		Glen Oaks Nursing & Rehabilitation Centre,Ltd	Northbrook			
		GlenShire Nursing & Rehabilitation Centre,Ltd	Richton Park			

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger	4 Amount	5 Cost to Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V		\$			\$	\$	1
2	V	Total from Page 6A	386,396	Glen Health and Home Management, Inc.	A	258,632	(127,764)	2
3	V							3
4	V	Total from Page 6B	1,062,480	GlenBar Management Company, Ltd.	B		(1,062,480)	4
5	V							5
6	V	Total from Page 6C	2,438,347	GlenBridge Real Estate and Development, L.L.C.	C	1,059,711	(1,378,636)	6
7	V							7
8	V	Total from Page 6D	344,649	Therapy Masters, Inc.	D	291,856	(52,793)	8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 4,231,872			\$ 1,610,199	\$ * (2,621,673)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre# 0035014Report Period Beginning: 1/01/2001Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	17 Management Fees	\$ 386,396	Glen Health and Home Management, Inc.	A	\$	\$ (386,396)
16	V	5 Utilities		Glen Health and Home Management, Inc.	A	8,601	8,601
17	V	6 Repairs and Maintenance		Glen Health and Home Management, Inc.	A	10,767	10,767
18	V	19 Professional Fees		Glen Health and Home Management, Inc.	A	30,344	30,344
19	V	20 Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	1,316	1,316
20	V	21 Clerical		Glen Health and Home Management, Inc.	A	45,273	45,273
21	V	22 Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	66,314	66,314
22	V	23 Training and Education		Glen Health and Home Management, Inc.	A	587	587
23	V	25 Auto Expenses		Glen Health and Home Management, Inc.	A	2,431	2,431
24	V	26 Insurance		Glen Health and Home Management, Inc.	A	3,213	3,213
25	V	32 Amortization of Mortgage Cost		Glen Health and Home Management, Inc.	A	112	112
26	V	30 Depreciation		Glen Health and Home Management, Inc.	A	29,699	29,699
27	V	32 Interest		Glen Health and Home Management, Inc.	A	37,518	37,518
28	V	33 Real Estate Taxes		Glen Health and Home Management, Inc.	A	10,469	10,469
29	V	35 Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	10,538	10,538
30	V	24 Travel		Glen Health and Home Management, Inc.	A	1,450	1,450
31	V						
32	V						
33	V			A - OWNERSHIP:			
34	V			Sidney Glenner - 100.00 % through attribution.			
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 386,396			\$ 258,632	\$ * (127,764)

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre # 0035014 Report Period Beginning: 1/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17 Administrative	\$ 1,062,480	GlenBar Management Company, Ltd.	B	\$	\$ (1,062,480)	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V			B - OWNERSHIP:				27
28	V			Sidney Glenner - 80.00 %				28
29	V			Barry Ray - 20.00 %				29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 1,062,480			\$ 0	\$ * (1,062,480)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre # 0035014 Report Period Beginning: 1/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	21 Clerical	\$	GlenBridge Real Estate & Development, L.L.C.	C	\$ 626	\$ 626	15
16	V	30 Depreciation		GlenBridge Real Estate & Development, L.L.C.	C	193,533	193,533	16
17	V	32 Interest Expense		GlenBridge Real Estate & Development, L.L.C.	C	473,275	473,275	17
18	V	33 Real Estate Taxes		GlenBridge Real Estate & Development, L.L.C.	C	454,207	454,207	18
19	V	34 Rental	2,438,347	GlenBridge Real Estate & Development, L.L.C.	C		(2,438,347)	19
20	V	43 Corporate Taxes		GlenBridge Real Estate & Development, L.L.C.	C	3,500	3,500	20
21	V	32 Interest Income		GlenBridge Real Estate & Development, L.L.C.	C	(65,430)	(65,430)	21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V			C - OWNERSHIP:				27
28	V			Sidney Glenner - 60.00 % (constructively)				28
29	V			Barry Ray - 20.00 %				29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 2,438,347			\$ 1,059,711	\$ * (1,378,636)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre # 0035014 Report Period Beginning: 1/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	10a Therapy	\$ 341,634	Therapy Masters, Inc.	D	\$	\$ (341,634)
16	V	10a Therapy		Therapy Masters, Inc.	D	229,255	229,255
17	V	21 Clerical		Therapy Masters, Inc.	D	27,346	27,346
18	V	32 Interest	3,015	Therapy Masters, Inc.	D		(3,015)
19	V	22 Employee Benefits and Payroll		Therapy Masters, Inc.	D	35,255	35,255
20	V						
21	V						
22	V						
23	V			D - OWNERSHIP:			
24	V			Sidney Glenner - 60.00 %			
25	V			Barry Ray - 40.00 %			
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 344,649			\$ 291,856	\$ * (52,793)

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Center # 0035014 Report Period Beginning: 1/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Sidney Glenner	President	Administrative	80.00 %	108,472	13	22.00 %	Salary	\$ 31,528	Ln 17, Col 1	1
2	David Glenner	Vice-President	Administrative	0.00 %	58,110	9	23.00 %	Salary	16,890	Ln 17, Col 1	2
3	Barry Ray	Vice-President	Administrative	20.00 %	81,354	9	23.00 %	Salary	23,646	Ln 17, Col 1	3
4											4
5											5
6			See Schedule B								6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 72,064		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre# 0035014

Report Period Beginning:

1/01/2001Ending: 2/31/2001

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization Glen Health and Home Management, Inc.Street Address 5454 West Fargo AvenueCity / State / Zip Code Skokie, IL 60077Phone Number (847) 674-5454Fax Number (847) 674-8311

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	5	\$ 38,195	\$ 94,475	94,475	\$ 8,601	1
2	6	Repairs and Maintenance	Patient Days	5	47,817	94,475	94,475	10,767	2
3	19	Professional Fees	Patient Days	5	134,756	94,475	94,475	30,344	3
4	20	Licenses, Permits and Inspection	Patient Days	5	5,844	94,475	94,475	1,316	4
5	21	Clerical	Patient Days	5	201,055	94,475	94,475	45,273	5
6	22	Employee Benefits and Payroll	Patient Days	5	294,500	94,475	94,475	66,314	6
7	23	Training and Education	Patient Days	5	2,609	94,475	94,475	587	7
8	25	Auto Expenses	Patient Days	5	10,795	94,475	94,475	2,431	8
9	26	Insurance	Patient Days	5	14,271	94,475	94,475	3,213	9
10	32	Amortization of Mortgage Cost	Patient Days	5	498	94,475	94,475	112	10
11	30	Depreciation	Patient Days	5	131,894	94,475	94,475	29,699	11
12	32	Interest	Patient Days	5	166,618	94,475	94,475	37,518	12
13	33	Real Estate Taxes	Patient Days	5	46,491	94,475	94,475	10,469	13
14	35	Equipment and Vehicle Rental	Patient Days	5	46,797	94,475	94,475	10,538	14
15	24	Travel	Patient Days	5	6,440	94,475	94,475	1,450	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 1,148,580	\$		\$ 258,632	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre # 0035014 Report Period Beginning: 1/01/2001 Ending: 12/31/2001

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	LaSalle National Bank		X	Mortgage	\$92,800.00	1/04/96	\$ 9,000,000	\$ 5,900,000	12/31/2007	0.0735	\$ 463,796	1	
2	LaSalle National Bank		X	Amortization of mortgage costs							9,479	2	
3							Mortgage interest allocated from management company:				37,630	3	
4												4	
5												5	
	Working Capital												
6												6	
7												7	
8												8	
9	TOTAL Facility Related				\$92,800.00		\$ 9,000,000	\$ 5,900,000			\$ 510,905	9	
	B. Non-Facility Related*												
10									Interest income offset:		(155,185)	10	
11												11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (155,185)	14	
15	TOTALS (line 9+line14)						\$ 9,000,000	\$ 5,900,000			\$ 355,720	15	

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **Glen Bridge Nursing & Rehabilitation Centre**# **0035014**Report Period Beginning: **1/01/2001**Ending: **12/31/2001****IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)****B. Real Estate Taxes**

<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report. </div>																											
1. Real Estate Tax accrual used on 2000 report.		\$ 456,000	1																								
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$ 449,207	2																								
3. Under or (over) accrual (line 2 minus line 1).		\$ (6,793)	3																								
4. Real Estate Tax accrual used for 2001 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ 461,000	4																								
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	5																								
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For 19 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	6																								
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$ 454,207	7																								
Real Estate Tax History:																											
Real Estate Tax Bill for Calendar Year:	<table border="1"> <tr><td>1996</td><td>393,772</td><td>8</td></tr> <tr><td>1997</td><td>404,786</td><td>9</td></tr> <tr><td>1998</td><td>439,085</td><td>10</td></tr> <tr><td>1999</td><td>444,303</td><td>11</td></tr> <tr><td>2000</td><td>449,207</td><td>12</td></tr> </table>	1996	393,772	8	1997	404,786	9	1998	439,085	10	1999	444,303	11	2000	449,207	12	<table border="1"> <tr><td colspan="2">FOR OHF USE ONLY</td></tr> <tr><td>13</td><td>FROM R. E. TAX STATEMENT FOR 2000 \$</td></tr> <tr><td>14</td><td>PLUS APPEAL COST FROM LINE 5 \$</td></tr> <tr><td>15</td><td>LESS REFUND FROM LINE 6 \$</td></tr> <tr><td>16</td><td>AMOUNT TO USE FOR RATE CALCULATION \$</td></tr> </table>	FOR OHF USE ONLY		13	FROM R. E. TAX STATEMENT FOR 2000 \$	14	PLUS APPEAL COST FROM LINE 5 \$	15	LESS REFUND FROM LINE 6 \$	16	AMOUNT TO USE FOR RATE CALCULATION \$
1996	393,772	8																									
1997	404,786	9																									
1998	439,085	10																									
1999	444,303	11																									
2000	449,207	12																									
FOR OHF USE ONLY																											
13	FROM R. E. TAX STATEMENT FOR 2000 \$																										
14	PLUS APPEAL COST FROM LINE 5 \$																										
15	LESS REFUND FROM LINE 6 \$																										
16	AMOUNT TO USE FOR RATE CALCULATION \$																										
See Attached Schedule G For Calculation Of 2001 Real Estate Tax Accrual.																											

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

SEE ACCOUNTANTS' COMPILATION REPORT

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions,

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Glen Bridge Nursing & Rehabilitation Centr COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0035014

CONTACT PERSON REGARDING THIS REPORT Charles J. Fischer

TELEPHONE (312) 634-3400 FAX #: (312) 634-5518

A. Summary of Real Estate Tax Cos

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of tl cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursir home property which is vacant, rented to other organizations, or used for purposes other than long term care must not l entered in Column D. Do not include cost for any period other than calendar year 2000

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>09-14-200-029-0000</u>	<u>8333 West Golf Road, Niles IL</u>	<u>\$ 5,102.82</u>	<u>\$ 5,102.82</u>
2. <u>09-14-200-032-0000</u>	<u>8333 West Golf Road, Niles IL</u>	<u>\$ 444,104.18</u>	<u>\$ 444,104.18</u>
3. <u>See attached schedule for home office allocation</u>		<u>\$ 59,795.55</u>	<u>\$ 10,469.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>509,002.55</u>	\$ <u>459,676.00</u>

B. Real Estate Tax Cost Allocation:

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services? _____ YES _____ X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing hom (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used

C. Tax Bills

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill whic is normally paid during 2001.

X. BUILDING AND GENERAL INFORMATION:

A.
Square Feet:
46,058

B. General Construction Type:

Exterior
Brick

Frame
Concrete & Steel

Number of Stories
Three

C.
Does the Operating Entity?

☐ (a) Own the Facility
☒ (b) Rent from a Related Organization.
☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.

D.
Does the Operating Entity?

☒ (a) Own the Equipment
☒ (b) Rent equipment from a Related Organization.
☒ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.

E.
List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's ground: (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable)

F.
Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES
☒ NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Patient Care	58,949	1989	\$ 263,180	1
2	Allocated from Management Company:			22,930	2
3	TOTALS	58,949		\$ 286,110	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre

0035014

Report Period Beginning:

1/01/2001

Ending:

12/31/2001

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar**

1	2	3	4	5	6	7	8	9	
Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	302	1989	1971	\$ 6,703,340	\$	35	\$ 191,524	\$ 191,524	\$ 2,425,971
5									
6	Mgt Comp			405,534			9,743	9,743	
7	Allocation								
8	ScheduleJ								
Improvement Type**									
9	Building Improvements	1989		66,436		35	1,898	1,898	24,043
10	Building Improvements	1990		7,195		35	206	206	2,606
11	Building Improvements	1990		3,885		35	111	111	1,296
12	Building Improvements	1990		35,167		10			35,167
13	Building Improvements	1991		8,342	278	10	278		8,342
14	Building Improvements	1991		12,621		10	421	421	12,621
15	Building Improvements	1992		78,993	7,899	10	7,899		76,361
16	Building Improvements	1993		5,350		10	535	535	4,637
17	Building Improvements	1993		109,105	10,910	10	10,910		94,558
18	Land Improvements	1993		45,615	3,041	15	3,041		26,355
19	Building Improvements	1993		53,394	5,339	10	5,339		40,935
20	Land Improvements	1993		10,717	714	15	714		5,478
21	Building Improvements	1995		29,767	2,976	10	2,976		19,844
22	Electrical wiring work to 2nd floor from basemen	1996		23,000	2,300	10	2,300		13,033
23	Dialysis room construction	1996		7,439	744	10	744		4,216
24	Fireplace construction	1996		1,065	106	10	106		602
25	Mounted door alarm system and wiring	1996		2,505	251	10	251		1,421
26	PVC hand rail and wall bumper	1997		4,968	497	10	497		2,318
27	Window treatments	1997		2,226	223	10	223		1,039
28	Walls, cabinets and tub	1997		5,520	552	10	552		2,576
29	Cabinets, sink and lighting	1997		4,571	457	10	457		2,133
30	Walls, platform and ramp	1997		9,286	929	10	929		4,334
31	Window treatments	1997		2,394	239	10	239		1,117
32	Cabinets and cubicles	1997		9,631	963	10	963		4,495
33	Cabinets	1997		2,500	250	10	250		1,167
34	Base covers	1997		630	63	10	63		294
35									
36									

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Page 12A

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre

0035014

Report Period Beginning:

1/01/2001

Ending:

12/31/2001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37	Doors	1997	\$ 1,950	\$ 195	10	\$ 195	\$	\$ 910		37
38	Sink	1997	2,236	224	10	224		1,043		38
39	Fire alarm improvement	1997	1,975	198	10	198		922		39
40	Walls and doors	1997	2,480	248	10	248		1,157		40
41	80 ton compressor	1998	20,800	2,080	10	2,080		7,627		41
42	Telephone system improvements	1998	2,503	250	10	250		918		42
43	Carpeting, window treatments, mini-blinds	1998	20,703	2,070	10	2,070		5,521		43
44	Handrail/bumper corner guard installation	1998	4,200	420	10	420		1,120		44
45	Cove base installation	1998	2,508	251	10	251		669		45
46	Handrail/bumper corner guard installation, accent rails	1999	11,401	1,140	10	1,140		3,040		46
47	Mini-blinds	1999	3,963	396	10	396		1,057		47
48	Carpeting, cove base installation	1999	14,797	1,480	10	1,480		3,946		48
49	Amtico, cove base installation	1999	5,616	562	10	562		1,498		49
50	Carpeting, cove base installation	1999	1,634	163	10	163		436		50
51	Wallpaper	1999	10,900	1,090	10	1,090		2,907		51
52	Handrail/bumper corner guard installation, accent rails	1999	11,401	1,140	10	1,140		3,040		52
53	Insurance claim: boiler	1999	(19,000)	(1,900)	10	(1,900)		(5,067)		53
54	Panel interior, interior mat installation	1999	2,468	247	10	247		658		54
55	Install alarms for ventilators	1999	1,560	156	10	156		416		55
56	Install handrails and bumper chair rails	1999	4,600	460	10	460		1,227		56
57	Carpeting	1999	4,497	450	10	450		1,199		57
58	Lighting improvements on the 5th floor	1998	4,635	463	10	463		1,236		58
59	Install new braille signs/slots	1999	2,135	213	10	213		445		59
60	Installation of mini-blinds	1999	3,476	348	10	348		724		60
61	Installation of handrails, bumpers, corner guards, chair rails	1999	5,500	550	10	550		1,146		61
62	Tube bundles for heat exchanger	1999	3,382	338	10	338		705		62
63	Install new tubes & door gaskets on boiler	1999	7,400	740	10	740		1,542		63
64	Install new motor, drain valve, drain hoses on washer	1999	1,903	190	10	190		396		64
65	Cove base installation, floor patches, vinyl tiles & powerbond	1999	11,459	1,146	10	1,146		1,719		65
66	Cove base installation	2000	3,267	327	10	327		490		66
67	Cove base installation	2000	1,939	194	10	194		291		67
68	Installation of fire dampers & exhaust fan	2000	2,773	277	10	277		416		68
69										69
70	TOTAL (lines 4 thru 69)		\$ 7,812,257	\$ 54,837		\$ 259,275	\$ 204,438	\$ 2,860,313		70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,812,257	\$ 54,837		\$ 259,275	\$ 204,438	\$ 2,860,313	1
2	New interior for kitchen panel	2000	2,630	263	10	263		394	2
3	Electrical work for 6 dialysis chairs	2000	3,975	398	10	398		596	3
4	Install exhaust fan, ductwork, exhaust grille& fire-rated door	2000	2,560	256	10	256		384	4
5	Ductwork fabrication and installation	2000	4,120	412	10	412		618	5
6	Plumbing project	2000	14,517	1,452	10	1,452		2,178	6
7	Carpeting, floor patches	1999	2,969	297	10	297		792	7
8	4 custom nurses stations	2000	10,025	1,002	10	1,002		1,504	8
9	4 custom nurses stations	2000	33,284	3,328	10	3,328		4,993	9
10	5 sinks in nurses station	2000	1,642	164	10	164		246	10
11	Fire alarm system	2000	3,324	332	10	332		499	11
12	Cove base & vinyl installation, floor patches	2000	2,705	270	10	270		406	12
13	Install door restrictors,emergency lights&elevator telephone	2000	11,500	1,150	10	1,150		1,725	13
14	Dura glide 3000 single slide door packages	2000	12,218	1,222	10	1,222		1,833	14
15	Furnish and install two oil tank coolers in elevator pit	2001	6,750	338	10	338		338	15
16	Replace gasket, valves and coils on compressor	2001	3,200	160	10	160		160	16
17	Remove lobby wall, build new wall and install new ceiling	2001	26,841	1,342	10	1,342		1,342	17
18	Pre-wiring, televisions, brackets and electrical outlets	2001	68,526	3,426	10	3,426		3,426	18
19	Window caulking and masonrv	2000	4,320	432	10	432		648	19
20	Ceramic tile, carpet, floor patches and cove base installation	2001	8,147	407	10	407		407	20
21	Ceiling/lighting project and remove/build wall in copy room	2001	24,145	1,207	10	1,207		1,207	21
22	Wallcovering installation and painting	2001	6,115	306	10	306		306	22
23	Ceiling fixture, 2 chandeliers, 4 wall sconces	2001	3,006	150	10	150		150	23
24									24
25									25
26	Allocated from Management Company -		32,283			3,151	3,151	18,394	26
27	See Attached Schedule K:								27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,101,059	\$ 73,151		\$ 280,740	\$ 207,589	\$ 2,902,859	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number **Glen Bridge Nursing & Rehabilitation Centre** # **0035014** Report Period Beginning: **1/01/2001** Ending: **12/31/2001**

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 501,051	\$ 49,164	\$ 49,164	\$	10 years	\$ 206,849	71
72	Current Year Purchases	71,883	3,593	3,593		10 years	3,593	72
73	Fully Depreciated Assets	558,031	557	557		5,10 years	558,031	73
74	Allocated from Mgt Company	163,175		15,800	15,800		77,682	74
75	TOTALS	\$ 1,294,140	\$ 53,314	\$ 69,114	\$ 15,800		\$ 846,155	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Patient Care	1986 Dodge Van	1989	\$ 8,480	\$	\$	\$	5 years	\$ 8,480	76
77										77
78	Allocated from Management Company:			14,995		1,005	1,005	5 years	12,715	78
79										79
80	TOTALS			\$ 23,475	\$	\$ 1,005	\$ 1,005		\$ 21,195	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 9,704,784	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 126,465	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 350,859	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 224,394	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,770,209	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: See Schedule VII, Page 6

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

**

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease N/A.

N/A

N/A

9. Option to Buy: ☐ YES ☐ NO Terms: N/A*

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

☐ YES ☒ NO

16. Rental Amount for movable equipment: \$ 9,983 Description: Copier \$5,540, Ice-maker \$1,700, Postage meter \$676, Management Co Allocation \$2,067

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18	<u>Allocated from Management Company:</u>			<u>8,471</u>	18
19					19
20					20
21	TOTAL		\$	\$ 8,471	21

10. Effective dates of current rental agreement:

Beginning

Ending

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. /2002 \$

13. /2003 \$

14. /2004 \$

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? * It is the policy of this facility to hire only certified nurses aides. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	2. <u>CLASSROOM PORTION:</u> IN-HOUSE PROGRAM <input type="checkbox"/> IN OTHER FACILITY <input type="checkbox"/> COMMUNITY COLLEGE <input type="checkbox"/> HOURS PER AIDE _____	3. <u>CLINICAL PORTION:</u> IN-HOUSE PROGRAM <input type="checkbox"/> IN OTHER FACILITY <input type="checkbox"/> HOURS PER AIDE _____
--	--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$ _____

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.
SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
					Units	Cost				
1	Licensed Occupational Therapist	Ln10a,Col 2&3	hrs	\$	1,477	\$ 81,781	\$ 1,019	1,477	\$ 82,800	1
2	Licensed Speech and Language Development Therapist	Ln10a, Col 3	hrs		1,269	52,009		1,269	52,009	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln10a,Col 2&3	hrs		4,863	215,719	404	4,863	216,123	4
5	Physician Care	Ln 39, Col 3	visits		1	15		1	15	5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	Ln 39, Col 2	# of prescripts				96,927		96,927	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	Ln 39, Col 5					21,184		21,184	12
	Radiology and Laboratory	Ln 39, Col 3				6,687			6,687	
13	Other (specify): Respiratory Therapy	Ln10a,Col 1&3	2117 hrs	32,557		3,295		2,117	35,852	13
14	TOTAL			\$ 32,557	7,610	\$ 359,506	\$ 119,534	9,727	\$ 511,597	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 300,099	\$ 1,256,963	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 39,174)	3,722,214	3,722,214	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	110,614	110,614	6
7	Other Prepaid Expenses	813,619	813,619	7
8	Accounts Receivable (owners or related parties)	46,540	46,540	8
9	Other(specify): <u>Employee Loans Receivable</u>	37,704	37,704	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,030,790	\$ 5,987,654	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		286,110	13
14	Buildings, at Historical Cost		7,108,874	14
15	Leasehold Improvements, at Historical Cost	864,416	992,185	15
16	Equipment, at Historical Cost	639,113	1,317,615	16
17	Accumulated Depreciation (book methods)	(689,909)	(3,770,209)	17
18	Deferred Charges		39,690	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Mortgage Costs (Net)</u>		56,875	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 813,620	\$ 6,031,140	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,844,410	\$ 12,018,794	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 14,273	\$ 14,273	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	140,507	140,507	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	199,186	199,186	30
31	Accrued Taxes Payable (excluding real estate taxes)	3,216	3,216	31
32	Accrued Real Estate Taxes(Sch.IX-B)		461,000	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Attached Schedule E:</u>	393,942	393,942	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 751,124	\$ 1,212,124	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		5,900,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due To Related Parties</u>		49,662	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 5,949,662	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 751,124	\$ 7,161,786	46
47	TOTAL EQUITY (page 18, line 24)	\$ 5,093,286	\$ 4,857,008	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,844,410	\$ 12,018,794	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 5,502,300	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 5,502,300	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	265,986	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(675,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (409,014)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 5,093,286	24

* Operating Entity Only

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Page 19

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre # 0035014 Report Period Beginning: 1/01/2001

Ending: 12/31/2001

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 12,220,120	1
2	Discounts and Allowances for all Levels	(875,124)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,344,996	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	867,096	6
7	Oxygen	141,581	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,008,677	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	154,508	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	110,820	19
20	Radiology and X-Ray	2,423	20
21	Other Medical Services	325,549	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 593,300	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	86,740	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 86,740	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Private Bedhold Income	3,310	28
28a	Telephone Commission	14	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 3,324	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,037,037	30

2			
	Expenses	Amount	
A. Operating Expenses			
31	General Services	1,999,137	31
32	Health Care	4,782,502	32
33	General Administration	3,100,242	33
B. Capital Expense			
34	Ownership	2,573,890	34
C. Ancillary Expense			
35	Special Cost Centers	149,932	35
36	Provider Participation Fee	165,348	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,771,051	40
41	Income before Income Taxes (line 30 minus line 40)**	265,986	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 265,986	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number **Glen Bridge Nursing & Rehabilitation Centre**# **0035014**Report Period Beginning: **1/01/2001**Ending: **12/31/2001****XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)**

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	3,947	4,174	\$ 132,350	\$ 31.71	1
2	Assistant Director of Nursing	2,357	2,541	66,091	26.01	2
3	Registered Nurses	50,160	52,137	1,261,102	24.19	3
4	Licensed Practical Nurses	13,549	14,695	279,772	19.04	4
5	Nurse Aides & Orderlies	146,722	154,817	1,580,016	10.21	5
6	Nurse Aide Trainees					6
7	Licensed Therapist	1,949	2,094	32,557	15.55	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	17,092	17,751	137,825	7.76	10
11	Social Service Workers	7,861	8,332	97,381	11.69	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	5,351	5,806	57,983	9.99	14
15	Cook Helpers/Assistants	35,212	36,378	276,959	7.61	15
16	Dishwashers					16
17	Maintenance Workers	6,627	7,076	87,837	12.41	17
18	Housekeepers	27,437	28,931	227,218	7.85	18
19	Laundry	13,549	14,335	104,123	7.26	19
20	Administrator	2,262	2,488	74,057	29.77	20
21	Assistant Administrator	1,997	2,166	39,157	18.08	21
22	Other Administrative	1,612	1,612	72,064	44.70	22
23	Office Manager					23
24	Clerical	37,304	39,248	438,608	11.18	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	5,303	5,611	67,463	12.02	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Ward Clerk</u>	6,618	6,904	73,595	10.66	33
34	TOTAL (lines 1 - 33)	386,909	407,096	\$ 5,106,158 *	\$ 12.54	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 20,731	Ln 1, Col 3	35
36	Medical Director	Monthly	35,800	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,010	Ln10,Col 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	54	2,490	Ln 11,Col 3	44
45	Social Service Consultant	165	6,665	Ln 12,Col 3	45
46	Other(specify)				46
47	Religious Consultant	24	640	Ln 15, Col 3	47
48	Medical Librarian	42	2,350	Ln 10, Col 3	48
49	TOTAL (lines 35 - 48)	285	\$ 70,686		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	3,175	\$ 79,365	Ln 10, Col 3	50
51	Licensed Practical Nurses	3,997	91,924	Ln 10, Col 3	51
52	Nurse Aides	2,506	30,067	Ln 10, Col 3	52
53	TOTAL (lines 50 - 52)	9,678	\$ 201,356		53

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				Ownership		D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	%	Amount	Description	Amount	Description	Amount				
Sidney Glenner	Administrative	80.00 %	\$ 31,528	Workers' Compensation Insurance	\$ 66,071	IDPH License Fee	\$ 200				
Barry Ray	Administrative	20.00 %	23,646	Unemployment Compensation Insurance	26,370	Advertising; Employee Recruitment	16,945				
David Glenner	Administrative	0.00 %	16,890	FICA Taxes	354,620	Health Care Worker Background Check	616				
Arlene Siap	Administrator	0.00 %	74,057	Employee Health Insurance	24,139	(Indicate # of checks performed 88)					
Annalee Strasburg	Asst Administrator	0.00 %	39,157	Employee Meals	31,979	Illinois Council on Long Term Care Dues	11,579				
				Illinois Municipal Retirement Fund (IMRF)*		Employment Fees	900				
				Union Health and Welfare	99,620	Village of Niles Business License	4,877				
				Union Pension	31,188	Annual Report	175				
TOTAL (agree to Schedule V, line 17, col. 1)				Uniform Allowance	32	Boiler, Equipment Inspection	208				
(List each licensed administrator separately.)			\$ 185,278	401K Match	2,636	Allocated from Management Company:	1,316				
B. Administrative - Other				Profit Sharing	33,017	Less: Public Relations Expense	(
				Employee Apprctn/Vaccntn,Gifts,MedReimbmt	10,473	Non-allowable advertising	(
Description			Amount	See Attached Schedule D:	101,569	Yellow page advertising	(
Management Fees (eliminated in Column 7)			\$ 1,448,876								
				TOTAL (agree to Schedule V,	\$ 781,714	TOTAL (agree to Sch. V,	\$ 36,816				
				line 22, col.8)		line 20, col. 8)					
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 1,448,876	E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**				
(Attach a copy of any management service agreement)				Description	Line #	Amount	Description	Amount			
C. Professional Services							Out-of-State Travel	\$			
Vendor/Payee	Type		Amount								
Health Data Systems, Inc.	Computers		\$ 5,674								
Advanced Information Mgt.	Computers		1,468								
American Express Tax Services	Accounting		32,497								
Frost, Ruttenberg & Rothblatt	Accounting		1,211				In-State Travel				
Sachnoff & Weaver, Ltd.	Legal		15,737								
Littler Mendelson	Legal		608								
National Visa Center	Legal		1,820								
Commitment Consulting	A/R Collections		8,941								
Personnel Planners, Inc.	Unemployment Consulting		1,215				Seminar Expense				
Lasko and Kocol	Legal		3,980								
Pro Tech Systems, Inc.	Maintenance Consulting		338								
IL Co Healthcare Professionals	Legal		1,250				Allocated from Management Company:	1,450			
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	Entertainment Expense	(
(If total legal fees exceed \$2500 attach copy of invoices.)			\$ 74,739				(agree to Sch. V,				
							line 24, col. 8)	\$ 1,450			

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

****See instructions.**

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
 (See instructions.)

Amount of Expense Amortized Per Year													
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
1	Painting & Decorating	1998	\$ 38,785	3years	\$ 6,464	\$ 12,928	\$ 12,928	\$ 6,465	\$	\$	\$	\$	\$
2	Repairs & Maintenance	1998	16,205	3years	2,701	5,402	5,402	2,700					
3	Painting & Decorating	1999	42,539	3years		7,090	14,180	14,180	7,089				
4	Painting & Decorating	2000	58,096	3years			9,683	19,365	19,365	9,683			
5	Painting & Decorating	2001	4,264	3years				711	1,421	1,421	711		
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 159,889		\$ 9,165	\$ 25,420	\$ 42,193	\$ 43,421	\$ 27,875	\$ 11,104	\$ 711	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glen Bridge Nursing & Rehabilitation Centre

STATE OF ILLINOIS

0035014

Report Period Beginning: 1/01/2001

Page 23

Ending: 12/31/2001

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Illinois Council on Long Term Care \$11,579
- (3) Did the nursing home make political contributions or payments to a political organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 46,535 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 165,348
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions
- (15) Indicate the cost of employee meals that has been reclassified to employee benefit: on Schedule V. \$ 31,979 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? Yes
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? N/A If no, please explain. N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.

GlenBridge Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0035014
12/31/2001

SCHEDULE A

SCHEDULE VII. RELATED PARTIES

Part A. Col.3

3 OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
Glen Health & Home Management, Inc.	Skokie	Management Company
GlenBar Management Company, Ltd.	Skokie	Management Company
GlenBridge Real Estate & Development LLC	Skokie	Building Lessor
Fargo Real Estate & Development, LLC	Skokie	Building Lessor - Management Co.
Therapy Masters	Skokie	Therapy company
GlenCare At Home, Ltd.	Skokie	Home Health agency
GlenCare Home Health, Ltd.	Skokie	Home Health agency
GlenCare Private Duty	Skokie	Home Health agency

See Accountants' Compilation Report

GlenBridge Nursing and Rehabilitation Centre, Ltd.
 Provider I.D. # 0035014
 12/31/2001

SCHEDULE B

SCHEDULE VII RELATED PARTIES

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

Name	Compensation Received From Other Nursing Homes				Total
	Glen Elston Nursing & Rehab. Centre, Ltd.	GlenCrest Nursing & Rehab. Centre, Ltd.	Glen Oaks Nursing & Rehab. Centre, Ltd.	GlenShire Nursing & Rehab. Centre, Ltd.	
Sidney Glenner	12,978	34,048	33,208	28,238	108,472
David Glenner	6,953	18,240	17,790	15,128	58,110
Barry Ray	9,734	25,536	24,906	21,179	81,354
Total compensation received from other Nursing Homes	29,664	77,824	75,904	64,544	247,936

See Accountants' Compilation Report

GlenBridge Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0035014
12/31/2001

SCHEDULE C

XIX. SUPPORT SCHEDULES

C. Professional Services
Page 21

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Total Schedule V, Line 19, Col. 3	<u>74,739</u>
Allocated from Management Co:	
Sachnoff & Weaver, Ltd. - Legal Services	5,013
American Express - Accounting Services	21,490
Schiller, Klein & McElroy - Legal Services	855
Frost, Ruttenberg - Accounting Services	706
Chuhak & Tecson - Legal Services	331
Lasko & Kocol - Legal Services	772
Ross Hardies - Legal Services	206
Architectural Dynamics - Engineering Services	971
Total allocated from Management Co.	<u>30,344</u>
Non-Allowable Expenses:	
Commitment Consulting	-8,941
Sachnoff & Weaver, Ltd.	-4,857
Total Non-Allowable Expenses:	<u>-13,798</u>
Total adjustments page 21, Sch C.	<u><u>16,546</u></u>
 Total Schedule V, line 19, column 8	 <u><u>91,285</u></u>

See Accountants' Compilation Report

GlenBridge Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0035014
12/31/2001

SCHEDULE D

XIX. SUPPORT SCHEDULES

D. Employee Benefits and Payroll Taxes
Page 21

DESCRIPTION	AMOUNT
Allocated from Management Co:	
FICA taxes	23,552
FUTA	417
SUTA	767
401K Match	3,316
Insurance - Hospital	25,266
Other Employee Benefits	2,651
Workers Compensation Insurance	1,332
Profit Sharing Plan Contribution	9,013
Total allocated from Management Co.	<u>66,314</u>
Allocated from Therapy Masters, Inc.:	
FICA taxes	19,722
FUTA	466
SUTA	420
401K Match	261
Insurance - Hospital	5,554
Workers Compensation Insurance	4,603
Profit Sharing Plan Contribution	4,229
Total allocated from Therapy Masters, Inc. Co.	<u>35,255</u>
Total allocated to Page 21	<u>101,569</u>

See Accountants' Compilation Report

GlenBridge Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0035014
12/31/2001

SCHEDULE E

SUPPORT SCHEDULES

Page 17, Line 36

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Insurance Payable	12,653
Due to Third Party	122,266
Due Con. Mutual	14
Sundry Payable	182,534
Accrued Union Dues	5,050
Credit Union	(2,484)
Accrued Wage Assignment	23,251
Accrued Profit Sharing	51,052
Refunds Exchange	(12,572)
Workshop	12,178
Total, Page 17, Line36	<u><u>393,942</u></u>

See Accountants' Compilation Report

GlenBridge Nursing and Rehabilitation Centre, Ltd.
Provider I.D. # 0035014
12/31/2001

SCHEDULE F

SCHEDULE VI. ADJUSTMENT DETAIL

Schedule A. Nonallowable Expenses

Page 5

DESCRIPTION	AMOUNT	REFERENCE
Patient clothing	-417	43
Defer 2001 painting and decorating	-4,264	6
Amortization of current year deferred maintenance	43,421	6
Non-allowable professional fees	-13,798	19
Adjust mgt co. med supplies - med'A' to cost	-70,598	10
Adjust mgt co. med supplies - 'other' to cost	-51,427	10
Adjust mgt co. food to cost	-23,146	2
Total	<u>-120,229</u>	

See Accountants' Compilation Report

GlenBridge Real Estate & Development, LLC
Accrued Real Estate Taxes
12/31/2001

SCHEDULE G

	Accrued 1/1/2001	Payments	Expense	Accrued 12/31/2001
Balance @ 1/01/2001	(456,000.00)		(456,000.00)	
2000 real estate taxes paid		449,207.00	449,207.00	
Estimated 2001 real estate taxes:				
2000 taxes	449,207.00			
Estimated increase	2.50 %			
Estimated 2001 taxes	460,437.18			
USE	461,000.00		461,000.00	(461,000.00)
Totals	(456,000.00)	449,207.00	454,207.00	(461,000.00)

Real estate tax history:

Year	Amount	Increase	
		\$	%
1991	344,588.08		
1992	355,177.77	10,589.69	3.07%
1993	393,112.43	37,934.66	10.68%
1994	402,034.81	8,922.38	2.27%
1995	397,141.59	-4,893.22	-1.22%
1996	393,772.20	-3,369.39	-0.85%
1997	404,786.31	11,014.11	2.80%
1998	439,085.19	34,298.88	8.47%
1999	444,302.54	5,217.35	1.19%
2000	449,207.00	4,904.46	1.10%

SEE ACCOUNTANTS' COMPILATION REPORT

Cell: C17

Comment: Formula failed to convert

GlenBridge Nursing and Rehabilitation Centre, Ltd.
 Provider I.D. #0035014
 12/31/2001

SCHEDULE H

Page 3, Schedule V, Line 23, Col. 8
 Inservice Training and Education

Training Material or Person(s) Attending	Date Attended	Location	Title Sponsor/Vendor	Total Cost
Arlene Siap	1/25/01	Lincolnwood	OBRA Surveys: Provider Protection Strategies	75.00
Patty Davis, Arlene Siap, Merville Villa	#####	Lincolnwood	Successful Marketing Through Realationship Building	160.00
Arlene Siap	5/03/01	Lincolnwood	Lawsuit Protection Plan, Part II: Wound Management	75.00
Arlene Siap	#####	Lincolnwood	Where Is My 2299 - An Insider's Guide to Cook Co. Medical Field Operations	75.00
Arlene Siap	#####	Lincolnwood	Working Successfully with the Media	75.00
Arlene Siap, Merville Villa	10/11/01	Lincolnwood	The New MI Regulations: A Detailed Review of IDPH Subpart S	150.00
Nursing Staff	10/11/01	Chicago	Cynthia Chow & Associates: Pathways To Success Seminar	185.00
Nursing Staff	10/29/01	Facility	Pulmonary Exchange Inservice Education - Trach Care/Suctioning	120.00
Arlene Siap	#####	Lincolnwood	OSHA Requirements - 2001 Update	75.00
Caryl Kiser, Maria Alfreeze	#####	Lincolnwood	Preventing And Investigating Abuse	150.00
Sharon Moravec	#####	Lincolnwood	OBRA99: Activities and Social Services	75.00
Alexander Ty	#####	Lincolnwood	MDS 2.0 Update - 2000	125.00
Inservice Training and Education				<u>1,340.00</u>
Management Company Allocation				587.00
TOTAL INSERVICE TRAINING AND EDUCATION:				<u><u>1,927.00</u></u>

SEE ACCOUNTANTS' COMPILATION REPORT

GlenBridge Nursing and Rehabilitation Centre, LTD.
Provider I.D. #0035014
12/31/2001

SCHEDULE I

Page 3, Schedule V, Line 25, Col 8
Other Admin. Staff Transportation

	Gasoline	Licenses/ Stickers	Auto Repairs	Mileage Reimb.	Total
Direct Expense	56	0	214	4,754	5,025
Allocated from Management Company					2,431
TOTAL	56	0	214	4,754	7,456

SEE ACCOUNTANTS' COMPILATION REPORT

**HEALTH AND HOME MANAGEMENT, INC.
ALLOCATION OF MANAGEMENT COMPANY BUILDING**

SCHEDULE J

ASSET DESCRIPTION	COST 6/30/1999	ADJUSTMENTS TO CAPITAL PROJECTION	ADJUSTED CAPITAL PROJECTION 6/30/1999	ADDITIONS 7/1/99- 12/31/2000	COST 12/31/2000	NURSING HOME PERCENTAGE 84.9438%	GLENBRIDGE 103,052/460,292 0.223883969	GLENCREST 111,372/460,292 0.241959452	GLEN OAKS 101,895/460,292 0.221370348	GLEN ELSTON 41,220/460,292 0.08955185	GLENSHIRE 102,753/460,292 0.223234382
1996 BUILDING PURCHASE	230,000		230,000		<u>230,000</u>	195,371	43,740	47,272 -	43,249 #	17,496	43,613
1998 BUILDING RENOVATION											
GENERAL CONTRACTOR	957,570		957,570		957,570						
ELECTRICAL CONTRACTOR	275,576		275,576		275,576						
HVAC CONTRACTOR	182,130		182,130		182,130						
PLUMBING CONTRACTOR	68,599		68,599		68,599						
ARCHITECT FEES	115,968		115,968		115,968						
OTHER FEES AND PERMITS	33,024		33,024		33,024						
SECURITY SYSTEM	17,953		17,953		17,953						
TELEPHONE SYSTEM	12,500		12,500		12,500						
MISC. BUILDING COMPONENTS	24,226	-15,261	24,226		24,226						
CAPITALIZED INTEREST	121,387		106,126		106,126						
LANDSCAPING	30,000		30,000		30,000						
SPRINKLER SYSTEM	10,720	-24,749	10,720		10,720						
HVAC SYSTEMS	24,749	-10,235	0								
WALL CONSTRUCTION	10,235	-10,634	0								
ELECTRICAL	10,634	-26,075	0								
MISC. IMPROVEMENTS	26,075	-5,900	0								
ASPHALT DRIVEWAY	5,900		0								
					<u>1,834,392</u>	1,558,202	348,857	377,022 -	344,940 #	139,540	347,844
1999 ACCORD ELECTRIC				17,929	17,929						
HMS + ASSOCIATES-INTERIOR				31,505	31,505						
SAM MORMINO-LANDSCAPING				1,050	1,050						
ARCHITECTURAL DYNAMICS-ARCHITECT FEES				1,468	1,468						
MISC.				11,076	11,076						
					<u>63,028</u>	53,538	11,986	12,954 -	11,852 #	4,794	11,952
2000 AQUATIC WORKS - BUILT-IN FISH TANK				5,000							
					<u>5,000</u>	4,247	951	1,028 -	940 #	380	948
2001 NO ADDITIONS					<u>2,132,420</u>	<u>1,811,359</u>	<u>405,534</u>	<u>438,276</u>	<u>400,981</u>	<u>162,210</u>	<u>404,357</u>

SEE ACCOUNTANTS' COMPILATION REPORT